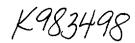
DEC 15 1998





### SECTION VI

## 510 (k) SUMMARY OF SAFETY AND EFFECTIVENESS INFORMATION

This 510(k) summary of safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990.

### A. Submitter's Information:

Submitter's Name:

C. R. Bard, Inc., Urological Division

Address:

8195 Industrial Blvd.

Covington, Georgia 30014

Contact Person:

Georgia C. Abernathy

Contact Person's Phone:

(770) 784-6454

Contact Person's Fax:

(770) 784-6419

Date of Preparation:

September 30, 1998

#### B. Device Name:

Trade Name:

Bard® InLay™ Lubricious Double Pigtail Ureteral Stent with

Suture

Common / Usual Name:

Bard Lubricious Ureteral Stent

Classification Name:

Ureteral Stent

### C. Predicate Device Name:

Trade Name:

Bard Lubricious-Coated Ureteral Stent with Suture

### D. Device Description:

The Bard Lubricious Ureteral Stent is a polyurethane stent with a hydrophilic (lubricious) coating which is intended to aid in stent insertion/removal and which has the potential to enhance patient comfort while indwelling; the stent also incorporates a monofilament suture loop which aids in stent removal.

#### E. Intended Use:

The Bard Lubricious Ureteral Stent is indicated to relieve obstruction in a variety of benign, malignant and post-traumatic conditions in the ureter such as presence of stones and/or stone fragments, or other ureteral obstructions such as those associated with ureteral stricture, carcinoma of abdominal organs, retroperitoneal fibrosis or ureteral trauma, or in association with Extracorporeal Shock Wave Lithotripsy (ESWL). The stent may be placed using endoscopic surgical techniques or percutaneously using standard radiographic technique.

## F. Technological Characteristics Summary:

Table VI-1 provides a tabulated comparison summary of the technological characteristics of the Bard Lubricious Ureteral Stent versus the predicate device.

Table VI-1

Comparison Su	mmary of Techno	ological Characteristics	S
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	Bard Lubricious Ureteral Stent	Bard Lubricious-Coated Ureteral	Difference
Product Characteristic	(this 510(k))	Stent with Suture	
		(Predicate device) (#K903345)	
	Stent		
Indications or Intended	The Bard Lubricious Ureteral Stent is	The Bard Lubricious-Coated Ureteral	None
Use	indicated to relieve obstruction in a	Stent with Suture is indicated to relieve	
[	variety of benign, malignant and post-	obstruction in a variety of benign,	
İ	traumatic conditions in the ureter such as	malignant and post-traumatic conditions	
	presence of stones and/or stone	in the ureter such as presence of stones	
•	fragments, or other ureteral obstructions	and/or stone fragments, or other ureteral	
	such as those associated with ureteral	obstructions such as those associated	
	stricture, carcinoma of abdominal organs,	with ureteral stricture, carcinoma of	
•	retroperitoneal fibrosis or ureteral	abdominal organs, retroperitoneal	
	trauma, or in association with	fibrosis or ureteral trauma, or in	
	Extracorporeal Shock Wave Lithotripsy	association with Extracorporeal Shock	
	(ESWL). The stent may be placed using	Wave Lithotripsy (ESWL). The stent	
	endoscopic surgical techniques or	may be placed using endoscopic surgical	
	percutaneously using standard	techniques or percutaneously using	
	radiographic technique.	standard radiographic technique.	
Disposable	Yes	Yes	None
Sterile	Yes	Yes	None
Stent Base Material	Polyurethane	Polyurethane	None
X-Ray Opaque	Yes	Yes	None
Coating			
Double Pigtail	Hydrophilic polymer (lubricious)*	Hydrophilic polymer (lubricious)	Different formula,
			different supplier
Multilength	Hydrophilic polymer (lubricious)	None	Not previously
			coated
Fr. Sizes Available	4.7**, 6, 7 and 8 Fr.	4.7, 6, 7 and 8 Fr.	4.7 Fr. stent will
			have a taper on the
			kidney-end tip
Double Pigtail Lengths	14, 20-30cm*	14-30cm	16 and 18cm
NA1421	22.22	L	lengths deleted
Multilength Lengths	22-32cm (one overall adjustable length)	22-32cm (one overall adjustable length)	None
Pigtail Geometry		L am La C	
Double Pigtail	360° curvature + 45° overlap (both ends)	"J" curl configuration (no overlap)	Additional curl
10 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	217		length
Multilength	2 ½ turns	2 ½ turns	None
Suture Loop	Yes-USP Medical Grade black nylon	Yes-USP Medical Grade dark blue nylon	Color change, both
Guidewire Interface	monofilament; 3-0	monofilament; 3-0	biocompatible
Guidewire Interface	4.7 Fr. = .035" diameter*	4.7 Fr. = .025" diameter	4.7 Fr. interfaces
	6, 7, 8 Fr. = .038" diameter*	6, 7, 8 Fr. = .038" diameter*	with larger diameter
Stent Clamp?	V	V	guidewire
Stent Clamp:	Yes	Yes	None

Product Characteristic	Bard Lubricious Ureteral Stent (this 510(k))	Bard Lubricious-Coated Ureteral Stent with Suture (Predicate device) (#K903345)	Difference				
	Push Catheter						
Color	Orange*	Green	Color change				
Material	High Density Polyethylene (HDPE)	High Density Polyethylene (HDPE)	None				
Guidewire Interface	4.7 Fr. = .035" diameter* 6, 7/8 Fr. = .038" diameter*	4.7 Fr. = .025" diameter 6/7/8 Fr. = .038" diameter	4.7 Fr. interfaces with larger diameter guidewire				
Radiopacity	Radiopaque marker band near distal end*	N/A	Add radiopaque band				
Length	4.7, 6, 7, 8 Fr. = 17.75"*	4.7 Fr. = 22" 6/7/8 Fr. = 16"	Length changed, OD on new push catheter same as stent				

<sup>\*</sup> New feature(s) or change this 510(k)

## G. Performance Data Summary:

The Bard Lubricious Ureteral Stent referenced in this submission is held to the same design, manufacture, and performance specifications as those stents currently manufactured. Performance and functional testing standards are based on the FDA draft "Guidance for the Content of Premarket Notifications for Ureteral Stents" dated February 10, 1993 and the draft ASTM F.04.70.01, "Standard Test Method for Ureteral Stents" dated July 9, 1997.

<sup>\*\* 4.7</sup> Fr. stent will have a taper on the kidney-end tip



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

DEC 1 5 1998

Georgia C. Abernathy Regulatory Affairs Associate C.R. Bard, Inc. 8195 Industrial Blvd. Covington, GA 30209 Re: K983498

Bard® Inlay™ Lubricious Double Pigtail Ureteral Stent

Dated: September 30, 1998 Received: October 5, 1998 Regulatory Class: II

21 CFR 876.4620/Procode: 78 FAD

Dear Ms. Georgia:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the <u>Code of Federal Regulations</u>, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4613. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification"(21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597, or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

Capt. Daniel G. Schultz, M.D.

Acting Director, Division of Reproductive,

Abdominal, Ear, Nose and Throat,

and Radiological Devices Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

## SECTION I - D

# INDICATIONS FOR USE STATEMENT

510(k) Number (if known): K983+98
Device Name: Bard Lubricious Ureteral Stent
Indications for Use:
The Bard Lubricious Ureteral Stent is indicated to relieve obstruction in a variety of benign, malignant and post-traumatic conditions in the ureter such as presence of stones and/or stone fragments, or other ureteral obstructions such as those associated with ureteral stricture, carcinoma of abdominal organs, retroperitoneal fibrosis or ureteral trauma, or in association with Extracorporeal Shock Wave Lithotripsy (ESWL). The stent may be placed using endoscopic surgical techniques or percutaneously using standard radiographic technique.
(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)
CONCURRENCE OF CDRH, OFFICE OF DEVICE EVALUATION (ODE)
Prescription Use OR Over-The-Counter Use (Per 21 CFR 801.109)
(Optional Format 1/2/96)
(Division Sign-Off)  Division of Reproductive, Abdominal, ENT, and Radiological Devices  510(k) Number